	Out-of-School Youth Eligibility		
Eligibility requirements	Only one of the following documents is required for each criterion.		
Not attending any school Not enrolled in an education program at WIOA enrollment	 Verification from school (dropout or diploma) Upon request (with applicant name and birth date), OWD will contact BPS for verification 		
Residency Must have Boston residency	 Letter from a Government Agency (DTA, DYS, SSA, etc.) Government-issued ID (Driver's license, MA ID, etc.) Lease Landlord statement 		
	5. Boston Housing Authority Verification6. Utility bill7. Homelessness documentation8. Recent pay stub		
	 Insurance policy (Home/auto) Letter from school Medicaid/Medicare card Postmarked mail addressed to applicant Selective service registration card Applicant statement form 		
Age	1. Baptismal Record 2. Birth Certificate		
Not younger than 16 or older than 24 at the time of enrollment	 DD-214, Report of Transfer or Discharge Paper Driver's License (with Photo and Date of Birth) Federal, State or Local Government ID Card that includes a birth date Selective Service Card Hospital Record of Birth Passport (as long as the passport includes the date of birth) 		
	 9. Public Assistance\Social Service Records 10. School Records\Identification Card 11. Unexpired Alien Registration Card/Documents indicating authorization to work in the US I-179, I-197, I-551, I-688, I-688A, I-688B, I-766, Certificate of Naturalization (Form N-565 or N-570), I-94 Arrival/Departure Form 		
U.S. Citizenship or Authorization to	1. U.S. Baptismal Certificate (if place of birth is shown)		
Work in the United States	U.S. Birth Certificate U.S. Hospital Record of Birth		
A citizen or national of the United States, lawfully admitted permanent resident alien, refugee, asylee, and parolee, and other immigrant authorized by the	 U.S. Passport (either current or expired) Certificate of Naturalization (Form N-565 or N-570) Unexpired Alien Registration Card/Documents indicating authorization to work in the Unites States (INS Forms I-179, I-197, I-327, I-551, I-571, I-688, I-688A, I-688B, I-766, an unexpired I-94 Arrival/Departure form that includes an 		
Attorney General to work in the United States	endorsement (stamped) of the individual's status as authorized to work in the United States when accompanied with an unexpired temporary foreign passport that has the same name as the I-94, an unexpired temporary foreign passport stamped with an I-155 Work Authorization stamp		

Selective Service compliant	1. Printout from w	ww.sss.gov stating selective service registration.	
All males who at the time of enrollment are 18 - 26 must register for Selective Service at: www.sss.gov . Males who are enrolled in WIOA prior to turning 18 years of age must register for Selective Service when they turn 18 years of age in order to continuing participation in WIOA funded activities.			
ONE of the following barriers (1-8	3):		
(1) School Dropout	1. Attendance Letter		
Upon request (with applicant name and birth date), OWD will contact BPS for verification.	 Dropout Letter from school Eligibility Verification Letter from a recognized community or youth organization (if other documents are not available) Applicant Statement Telephone verification Document Inspection 		
(2) No school attendance	N/A for MA		
(3) <u>Diploma, low income, and</u> <u>basic skills deficient OR ELL</u> a. Recipient of a secondary school diploma or its	Recipient of secondary school diploma or its recognized equivalent	1. Copy of Secondary School Diploma or equivalent	
recognized equivalent;	Low-income	See "Economic Eligibility"	
b. low-income; andc. basic skills deficient OR anEnglish language learner	Basic Skills Deficient	Assessed by a Generally Accepted Standardized Test School Records	
	English Language Learner	Letter from school official Statement from recognized community youth organization	
(4) Subject to the juvenile or adult justice system	Court Involved State Custody	 Court Documents Halfway House Resident Letter of Parole Letter from Probation Officer Police Records Applicant Statement Telephone verification Document Inspection Court Contact 	
	Youth (DYS)	 Court Documentation Verification of Payments made on Behalf of the Child Written Statement from State\Local Agency Agency Telephone verification Document Inspection 	

(5) Hamalana munaman an in fastan	Fastan Child	1. Count Countrat	
(5) Homeless, runaway or in foster	Foster Child	1. Court Contact	
care		2. Court Documentation	
A bassalage shild as venth a		3. Medical Card	
A homeless child or youth, a		4. Verification of Payments made on Behalf of the Child	
runaway, in foster care or has aged		5. Written Statement from State\Local Agency	
out of the foster care system, a		6. Telephone verification	
child eligible for assistance under		6. Document Inspection	
section 477 of the Social Security	Homeless	1. Written Statement from an Individual Providing	
Act (42 U.S.C. 677), or in an out-of-		Temporary Residence	
home placement		2. Written Statement from Shelter/Social Service Agency	
		3. Mckinney Vento Homeless Act Authorization Form	
		4. Applicant Statement	
		5. Telephone verification	
(2)		6. Document Inspection	
(6) Pregnant or parenting	1. Birth Certificate		
	2. Hospital Record	of Birth	
	3. Medical Card		
	4. Physician's Note		
	5. Referrals from C	-	
	_	for Pregnant Teens	
	7. School Records		
		Social Services Agency	
	9. Applicant Stater		
	10. Telephone veri		
	11. Document Insp		
(7) An individual with a disability	1. Letter from Drug or Alcohol Rehabilitation Agency		
	2. Letter from Child Study Team Stating Specific Eligibility		
	3. Observable Condition		
	4. Physician Statement		
	5. Psychiatrist's/Psychologist's Diagnosis		
	6. Rehabilitation Evaluation		
	7. School Records		
	8. Sheltered Workshop Certification		
	9. Social Service Records\Referral		
	·	Administration Disability or Veterans Admin. Records	
	11. Vocational Reh		
	12. Workers Comp		
	13. Applicant State		
	14. Telephone veri		
	15. Document Insp	pection	

(X) Requires additional assistance	Low-income	See "Economic Eligibility"
(8) Requires additional assistance to enter or complete an	Attends secondary	School transcript or report card
educational program or to secure	or post-secondary	Letter or email from school official
, -	school and has a	Letter of email from school official
or hold employment	GPA of less than	
a. Low-income individual AND	2.0	
b. <u>one</u> of the following:	Received a Failing score on the MCAS	 MCAS or PARCC test results Letter, report, or email from BPS, another school
1 Attends secondary or post-	(or its equivalent) in the last round	district, or program staff Telephone verification from BPS, another school
secondary school and has a GPA of less than 2.0,	III the last round	district, or program staff
2 Received a Failing score on	Requires English	1. Letter, report, or email from BPS, another school
the MCAS (or its	Language Learners	district, or recognized community organization
equivalent) in the last	instruction	Objective assessment showing need for ELL
round,		instruction
3 Requires English Language		3. Letter from a recognized community or youth
Learners instruction,		organization (if other documents are not available)
4 Resides in public housing,		4. Easily discernable need for English as a Second
5 Resides in a high poverty		Language instruction (documented by statement
area,		from intake/assessment staff)
6 Resides in a single parent		
household, or	Resides in public	1. Lease
7 Has been identified as	housing	Verification from other government agency
truant or having a		3. Driver's license
significant school		4. Postmarked mail addressed to applicant
attendance problem.		Utility bill
	Resides in a high	DCS Poverty Threshold Database and census tract
	poverty area	
	Resides in a single	Lease or landlord statement
	parent household	2. Medical card
		3. Divorce decree
		Statement from another government agency Telephone verification
	Has been identified	Report card with attendance information from
	as truant or having	BPS, another school district, or program
	a significant school	Letter, report, or email from BPS, another school
	attendance	district, or program
	problem	3. Letter, report, or email from law enforcement
	problem	official
		Telephone verification from BPS, another school
		district, program or law enforcement official

In-School Youth Eligibility			
Eligibility requirements	Only one of the following is required for each criterion		
Attending school			
	None required.		
Enrolled in an educational program			
at WIOA enrollment.			
<u>Age</u>	1. Baptismal Record		
	2. Birth Certificate		
Not younger than 14 or (unless an	3. DD-214, Report of Transfer or Discharge Paper		
individual with a disability who is	4. Driver's License (with Photo and Date of Birth)		
attending school under State law)	5. Federal, State or Local Government Identification Card that includes a birth		
older than 21 at the time of	date		
enrollment	6. Selective Service Card		
	7. Hospital Record of Birth		
	8. Passport (as long as the passport includes the date of birth)		
	9. Public Assistance\Social Service Records 10. School Records\Identification Card		
	11. Unexpired Alien Registration Card/Documents indicating authorization to		
	work in the US I-179, I-197, I-551, I-688, I-688A, I-688B, I-766, Certificate of		
	Naturalization (Form N-565 or N-570), I-94 Arrival/Departure Form		
Residency	Computer printout from other government agency		
<u>itesidency</u>	Driver's license or other government-issued ID		
Must have Boston residency	3. SNAP award letter		
I must have bostom residency	4. Homelessness documentation		
	5. Boston Housing Authority Verification		
	6. Insurance policy (Home/auto)		
	7. Landlord statement		
	8. Lease		
	9. Letter from Social Security Administration or school		
	10. Medicaid/Medicare card		
	11. Postmarked mail addressed to applicant		
	12. Property tax records		
	13. Rent receipt		
	14. Selective service registration card		
	15. Utility bill		
	16. Applicant/parent statement		
U.S. Citizenship or Authorization to	1. U.S. Baptismal Certificate (if place of birth is shown)		
Work in the United States	2. U.S. Birth Certificate		
A	3. U.S. Hospital Record of Birth		
A citizen or national of the United	4. U.S. Passport (either current or expired)		
States, lawfully admitted	5. Certificate of Naturalization (Form N-565 or N-570) Unexpired Alien		
permanent resident alien, refugee,	Registration Card/Documents indicating authorization to work in the Unites		
asylee, and parolee, and other	States (INS Forms I-179, I-197, I-327, I-551, I-571, I-688, I-688A, I-688B, I-		
immigrant authorized by the Attorney General to work in the	766, an unexpired I-94 Arrival/Departure form that includes an		
United States . §188(a)(5)	endorsement (stamped) of the individual's status as authorized to work in the United States when accompanied with an unexpired temporary foreign		
Julied States . \$100(a)(3)	passport that has the same name as the I-94, an unexpired temporary		
	foreign passport stamped with an I-155 Work Authorization stamp		
<u> </u>			

Selective Service compliant All males who at the time of enrollment are 18 - 26 must register for Selective Service at: www.sss.gov. Males who are enrolled in WIOA prior to turning 18 years of age must register for Selective Service when they turn 18 years of age in order to continuing participation in WIOA funded activities. Low-income		w.sss.gov stating selective service registration.	
And ONE of the following barriers	See "Economic Eligibility" s (1-7):		
(1) Basic Skills Deficient	Assessed by a Generally Accepted Standardized Test School Records		
(2) An English Language Learner	1. Letter from school		
(3) <u>An Offender</u>	2. Statement from recognized community youth organization. 1. Court Documents 2. Halfway House Resident 3. Letter of Parole 4. Letter from Probation Officer 5. Police Records 6. Applicant Statement		
	7. Telephone verification		
(1)	8. Document Inspec		
(4) <u>Homeless, a runaway, in foster</u> <u>care</u> or has aged out of foster care system, a child eligible for assistance under 477 of the Social Security Act (42 U.S.C), or in an out- of-home placement.	Foster Child	 Court Contact Court Documentation Medical Card Verification of Payments made on Behalf of the Child Written Statement from State\Local Agency Telephone verification Document Inspection 	
	Homeless	 Written Statement from an Individual Providing Temporary Residence Written Statement from Shelter/Social Service Agency Mckinney Vento Homeless Act Authorization Form Applicant Statement Telephone verification Document Inspection 	
(5) Pregnant or parenting	 Birth Certificate Hospital Record of Birth Medical Card Physician's Note Referrals from Official Agencies School Program for Pregnant Teens School Records Statement from Social Services Agency Applicant Statement Telephone verification Document Inspection 		

(6) An individual with a disability	1. Letter from Drug or Alcohol Rehabilitation Agency		
	2. Letter from Child Study Team Stating Specific Eligibility		
	3. Observable Condition		
	4. Physician Statement		
	5. Psychiatrist's/Psychologist's Diagnosis		
	6. Rehabilitation Evaluation		
	7. School Records		
	8. Sheltered Worksho	on Certification	
	9. Social Service Reco	·	
		dministration Disability or Veterans Admin. Records	
	11. Vocational Rehab		
	12. Workers Compen		
	13. Applicant Statem		
	14. Telephone verific		
	15. Document Inspec		
(7) Requires additional assistance	Failed MCAS in the	MCAS test results	
to complete an educational	last round	Letter, report, or email from BPS, another school	
program or to secure or hold	lastround	district, or program staff	
employment.		3. Telephone verification from BPS, another school	
employment.		district, or program staff	
One of the following:	Identified as truant	Report card with attendance information from BPS,	
1 Failed MCAS in the last	identined as truant	•	
round		another school district, or program	
2 Identified as truant		2. Letter, report, or email from BPS, another school	
		district, or program	
3 Requires ELL instruction 4 Resides in a single parent		Letter, report, or email from law enforcement official	
household			
		4. Telephone verification from BPS, another school	
5 Resides in a public housing development	Deguines ELL	district, program or law enforcement official	
development	Requires ELL	Letter, report, or email from BPS, another school district or program	
	instruction	district, or program	
		2. Letter from a recognized community or youth	
		organization (if other documents are not available)	
		3. Easily discernable need for English as a Second	
		Language instruction (documented by statement	
	Destrict and the second	from intake/assessment staff)	
	Resides in a single	Lease or landlord statement Abolivel and	
	parent household	2. Medical card	
		3. Divorce decree	
		4. Statement from DSS	
		5. Telephone verification	
		6. Applicant statement with parent signature	
	Resides in a public	1. Lease	
	housing	Computer printout from other government agency	
	development	3. Driver's license	
		4. Postmarked mail addressed to applicant	
		5. Utility bill	

7

Economic Eligibility Only one of the following is required to prove economic eligibility			
High Poverty Area	Printout from the Poverty Threshold Census Tract Database stating		
	"PASS" http://www.mass.gov/massworkforce/programs/youth/		
Lives in a census tract with a 30%			
poverty rate or higher, according to	The poverty rate n	nap can be used only as a tool:	
ACS Survey 5-year data	http://boston.maps.arcgis.com/apps/SimpleViewer/index.html?appid=783539		
	9d89d848a29bc3d	<u>c69e6c3427e</u>	
SNAP, SSI, State or local public	Supplemental	1. Current Authorization to obtain SNAP	
<u>assistance</u>	Nutrition	2. SNAP Card with Current Date	
	Assistance	3. Public Assistance Records\Printout	
Receives, or in the past 6 months	Program (SNAP)		
received, or is a member of a family	Cash Public	1. Copy of Authorization to Receive Cash Public Assistance	
that is receiving or in the past 6	Assistance	2. Copy of Public Assistance Check	
months has received, assistance	NOTE: The listed	3. Medical Card showing Cash Grant Status	
through SNAP, or the supplemental	items of	4. Public Assistance Identification Card showing Cash Grant	
security income program	documentation	Status	
established under Title XVI of the	are acceptable	5. Public Assistance Records/Printout/Master File	
Social Security Act, or State or local	for any individual		
income-based public assistance	listed on grant.		
Individual/Family Income	Individual/Family	1. Alimony Agreement	
late a familia dibitatelita a consideri	Income	2. Award letter from Veterans Administration	
Is in a family with total income that		3. Bank Statements (Direct Deposits)	
does not exceed the higher of:		4. Compensation Award Letter	
(I) The poverty line or		5. Court Award Letter	
(II) 70 percent of the lower		Employer Statement/Contact Business Financial Records	
living standard income level			
		8. Housing Authority Verification 9. Pay Stubs	
		10. Pension Statement	
		11. Quarterly Estimated Tax for Self-Employed Persons	
		12. Social Security Benefits	
		13. Unemployment Insurance Documents	
		14. Written statement from Federal, State or Local agency	
		15. Applicant Statement	
		16. Telephone verification	
		17. Document Inspection	
	Individual	1. Birth Certificate	
	Status/Family	2. Decree of Court	
	Size	3. Disabled	
		4. Divorce Decree	
		5. Lease or Landlord Statement	
		6. Marriage Certificate	
		7. Medical Card	
		8. Public Assistance/Social Service/Public Housing Agency	
		Records	
		9. Applicant Statement	
		10. Telephone verification	
		11. Document Inspection	

A homeless individual	Written Statement from an Individual Providing Temporary Residence		
A nomeress marviada	Written Statement from Shelter/Social Service Agency		
	3. Mckinney Vento Homeless Act Authorization Form		
	4. Applicant Statement		
	5. Telephone verification		
	6. Document Inspection		
Free or reduced price lunch	1. Verification from School		
Receives or is eligible to receive	2. TBD	111 3011001	
free or reduced price lunch	2.100		
•	1. Court Contact		
Foster Child	2. Court Documen	tation	
A foster child on behalf of whom	3. Medical Card	itation	
		Dayments made on Robalf of the Child	
State or local government		Payments made on Behalf of the Child	
payments are made		ent from State\Local Agency	
	6. Telephone verif		
	7. Document Inspe		
<u>Disability</u>	Disability	1. Letter from Drug or Alcohol Rehabilitation Agency	
		2. Letter from Child Study Team Stating Specific Eligibility	
Is an individual with a disability		3. Observable Condition	
whose own income meets the		4. Physician Statement	
income requirements		5. Psychiatrist's/Psychologist's Diagnosis	
		6. Rehabilitation Evaluation	
		7. School Records	
		8. Sheltered Workshop Certification	
		9. Social Service Records\Referral	
		10. Social Security Administration Disability or Veterans	
		Admin. Records	
		11. Vocational Rehabilitation Letter	
		12. Workers Compensation Record	
		13. Applicant Statement	
		14. Telephone verification	
		15. Document Inspection	
	Individual	1. Alimony Agreement	
	income	2. Award letter from Veterans Administration	
		3. Bank Statements (Direct Deposits)	
		4. Compensation Award Letter	
		5. Court Award Letter	
		6. Employer Statement/Contact	
		7. Business Financial Records	
		8. Housing Authority Verification	
		9. Pay Stubs	
		10. Pension Statement	
		11. Quarterly Estimated Tax for Self-Employed Persons	
		12. Social Security Benefits	
		13. Unemployment Insurance Documents	
		14. Written statement from Federal, State or Local agency	
		15. Applicant Statement	
		16. Telephone verification	
		17. Document Inspection	

9

5% Exception – for youth who do not meet the minimum income criteria

The Boston area is allowed up to 5% of its total participants to not qualify under the economic eligibility criteria. If a youth is otherwise eligible, a program may enroll the youth using a 5% waiver. Each program is assigned a certain number of waivers, and may be reassigned at any time, under discretion of OWD.